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CONFIRMATION NO. 8153

<b>SERIAL NUMBER</b> 10/063,523	<b>FILING OR 371(c) DATE</b> 05/02/2002 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> P3230R1C001-168
<b>APPLICANTS</b> Audrey Goddard, San Francisco, CA; Paul J. Godowski, Hillsborough, CA; J. Christopher Grimaldi, San Francisco, CA; Austin L. Gurney, Belmont, CA; William I. Wood, Hillsborough, CA;				
<b>** CONTINUING DATA *****</b> <i>OK to 12/26/06</i> This application is a CON of 10/006,867 12/06/2001 which is a CON of PCT/US00/23328 08/24/2000				
<b>** FOREIGN APPLICATIONS *****</b> <i>OK to 12/26/06</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/24/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>None</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 168	<b>TOTAL CLAIMS</b> 13
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 20995				
<b>TITLE</b> A POLYPEPTIDE UNDEREXPRESSED IN STOMACH TUMORS				
<b>FILING FEE RECEIVED</b> 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	